STATE OF NEW JERSEY

W-9/QUESTIONNAIRE

THE STATE OF NEW JERSEY REQUIRES THE FOLLOWING INFORMATION TO ESTABLISH YOUR NAME, ADDRESS AND TAXPAYER IDON STATE RECORDS. THE INFORMATION IS USED TO POPULATE AND MAINTAIN THE STATE'S VENDOR/PAYEE FILE AND MUST BE COMPLETED BEFORE PAYMENTS ARE MADE.
MPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED AND RETURNED.
PART I. 'REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
Name (as shown on your tax return):
Doing business as (if different than name):
2. Address line 1:
Address line 2:
3. City: State: Zip:
If the above contains preprinted data that is incorrect, cross it out and write the correct information immediately next to it.
4. Taxpayer Identification Number (TIN). Enter your TIN below and select the type of number listed. SOCIAL SECURITY NUMBER
EMPLOYER INDENTIFICATION NUMBER NUMBER:
s. Certification: Under penalties of perjury, I certify that:
(1) The number shown on this form's my correct taxpayer Identification number (or 1 am waiting for a number to be Issued to me), and (2)I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS)
that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to
backup withholding, and (3)I am a U.S. citizen or other US person as defined by the IRS.
Certification hstructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of
underreported Interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest or dividends, you are not required to
sign the certification, but you must provide your correct TIN.
Sign Signature Date Here
PART II. VENDOR/PAYEE DATA: STATE OF NEW JERSEY VENDOR/PAYEE INFORMATION QUESTIONNAIRE
 Enter the code from the list below that best describes your primary business function: VENDORS
VG=VENDORS WHO SELL OR MANUFACTURE GOODS HC=HEALTHCARE SERVICES (NON STATE AGENCIES)
VS=VENDORS WHO RENDER SERVICE OR RECEIVE RENT PAYMENTS LG=LEGAL SERVICES CS=CONSTRUCTION VENDORS WHO RENDER SERVICES CG=CONSTRUCTION VENDORS WHO SELL OR MANUFACTURE GOODS
—— GOVERNMENT ENTITIES
AC=AUTHORITY/COMMISSION CF=CONFIDENTIAL FUND PC=PETTY CASH SD=-SCHOOL DISTRICT FA=FEDERAL AGENCY FD=FIRE DISTRICT
CM=COUNTY/MUNICIPALITY EP=NJ STATE EMPLOYEE SA=STATE AGENCY WB:=WELFARE BOARD CU=STATE COLLEGE/UNIVERSITY OTHER VENDORS
OT=OTHER VENDOR (PLEASE SPECIFY)
2 Primary Contact Information (ALL FIELDS ARE REQUIRED):
Name: Phone: Email:
Please check here if you are interested in receiving information about payments by direct deposit.
JEYOLI ARE A NJSTATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUNDOR PETIY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONAIRE
3 What is the principle activity of your organization? (CIRCLE)
THE ALTH DELATED REDWINE CONDITION AND A LEGAL
M=MANUFACTURING H=HEALTH RELATED SERVICE C=CONSTRUCTION L=LEGAL S=SERVICE G=GOVERNMENT O=OTHER (PLEASE SPECIFY):
4 CIRCLE the code from the list below that best describes your organization
Co:CORPORATION Io:INDIVIDUAL P=PARTNERSHIP L"'LIMITED LIABILITY COMPANY
IMPORTANT: ANSWER ALL QUESTIONS (PRINT CLEARLY OR TYPE

STATE OF NEW JERSEY W-9/QUESTIONNAIRE INSTRUCTIONS

The enclosed form is required by the State of New Jersey's Comprehensive Financial System, and must be completed by vendors/payees who intend to do business with tire State of New Jersey or by New Jersey State employees who are seeking reimbursement for travel or training expenses. Please answer all questions and print clearly.

PART I. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Part One is a W-9 form as required by the Internal Revenue Service to verify the name, address, and federal identification number for vendor/payees who may receive a 1099.

For questions 14:

If there is <u>no preprinted data</u>, populate the form with the vendor/payee's name (as shown on your tax return), address, city, state, and zip code, and sign and date the form under question number five.

If the form contains preprinted data and the preprinted information is correct, sign and date the form under question five.

If the form <u>contains preprinted data</u> and the preprinted information <u>is not</u> correct, cross out the incorrect data and make any changes immediately to the right of the preprinted information and sign and date the form under question five.

PARTII. VENDOR/PAYEE DATA: STATE OF NEW JERSEY VENDOR/PAYEE INFORMATION QUESTIONNAIRE

- 1. Enter the code that best describes the primary business function from the choices provided.
- 2. Print the name, phone number, and e-mail address of the primary contact person for the vendor listed in Part One.

If you are an employee of the State of New Jersey or manage a Confidential Fund or a Petty Cash Fund for a State agency, do not answer the remaining portion of the questionnaire (Questions three and four).

- 3. Enter the principle activity of your organization from the choices provided.
- 4. Enter the code that best describes your organization from the choices provided.

ACCESSING YOUR ACCOUNT INFORMATION

Details regarding specific payments, similar to a check stub, may be obtained over the internet through the Vendor Payment Inquiry (VPI) system. To access VPI, users must first create a 'MyNewJersey' portal account.

Begin by logging onto the State of New Jersey's web page, http://www.state.nj.us and creating a log in and password (click on the 'register' link under the 'home' tab). Once the 'MyNewJersey' portal account has been established, users will have to sign up for the VPI application by clicking the 'enroll here' button on our website, https://www20.state.nj.us/TYM_VPI/

The online tutorial for VP! can be found at https://www20.state.nj.us/treasry/omb/IYM_VPI/docs/gettingstarted.pdf

VPI provides two years of historical data (such as issuing agency, payee reference, payment amount, payment date, etc.) and allows for the review of scheduled payments.

Form NJW-9 (Rev 3/2014)